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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 790948 (4)

1. Corporation Name

TAMPA INDEPENDENT DAIRY FARMERS' ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

3725 TENTH AVENUE
P.O. BOX 75306
TAMPA FL 33675-7306

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P.O. BOX 75306
TAMPA FL 33675-7306

3. Date Incorporated or Qualified

06/12/1967

4. FEI Number

59-1161860

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P. O. Box 75306

22 City & State

27 Suite, Apt. #, etc.

23 Zip

28 Tampa, FL

24 Country

29 33675-7306

30 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANLON, DAVID G
501 E. KENNEDY, SUITE 1400
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME TD HIGGINS, DON.
STREET ADDRESS P.O. BOX 810 N/A
CITY-ST-ZIP DOVER FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME SD APRILE, JOSEPH V
STREET ADDRESS 1112 W RIVER DR
CITY-ST-ZIP TEMPLE TERRACE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME VD JOHN, RON
STREET ADDRESS 4951 NW 170 ST.
CITY-ST-ZIP TRENTON FL 32693

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME St. John, Ron
3.3 STREET ADDRESS 4951 NW 170th St.
3.4 CITY-ST-ZIP Trenton, FL 32693

TITLE ☐ DELETE
NAME D NICKERSON, NORMAN
STREET ADDRESS RT 1 BOX 305
CITY-ST-ZIP WAUCHULA FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Nickerson, Norman
4.3 STREET ADDRESS 2610 Schontag Rd.
4.4 CITY-ST-ZIP Wauchula, FL 33873

TITLE ☐ DELETE
NAME D SMITH, KENNETH
STREET ADDRESS 23421 WHITMAN RD.
CITY-ST-ZIP BROOKSVILLE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME PD HOBBS, JOHN E.
STREET ADDRESS 105 BLOOMINGFIELD DR.
CITY-ST-ZIP BRANDON FL

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Peachey, John
6.3 STREET ADDRESS 3200 Verna Rd.
6.4 CITY-ST-ZIP Myakka City, FL 34251

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John E. Hobbs*

3/30/98

CR2E037 (10/97)